

Washington, DC 20210

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FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY EEFORE PREPARING THIS REPORT.

1. File Number U - /32/6	2. Fiscal Year Covered From:
	7 / 1 / 2004 Through: 6 / 30 / 2005
3. Name and address of person filing.	Name, file number, and address of labor organization.
Name Michael D Parkinson	Name Operating Engineers Local 520
	Labor Organization File Number 007 - 581
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 520 Engineer Road	Street 520 Engineer Road
City Granite City	City Granite City
State Illinois ZIP Code + 4 62040 -	2893 State Illinois ZIP Code + 4 62040-2893
5. Position in labor organization. Business Representative/Treasurer	
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):	
(except as specified in	the exclusions set forth in the Instructions):
	the exclusions set forth in the Instructions): with, or derived income or other economic benefit of
(except as specified in A. Held an interest in, engaged in transactions (including loans)	the exclusions set forth in the Instructions): with, or derived income or other economic benefit of
A. Held an interest in, engaged in transactions (including loans) monetary value from an employer whose employees your or	with, or derived income or other economic benefit of ganization represents or is actively seeking to represent.
A. Held an interest in, engaged in transactions (including loans) monetary value from an employer whose employees your or. 6. Name and address of Employer (including trade name, if any).	with, or derived income or other economic benefit of ganization represents or is actively seeking to represent.
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(except as specified in A. Held an interest in, engaged in transactions (including loans) monetary value from an employer whose employees your or. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	with, or derived income or other economic benefit of ganization represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. Signature Penalty of Perjury and other applicable penalties of the law, that all of the information companying documents), has been examined by the signatory and is, to the best of the

Name of Person Filing Michael Parkinson File Number U-B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, if any). 9. Business deals with: Name a. Labor Organization Trade Name, if any: b. Trust P.O. Box, Bldg., Room No., if any c. Employer Street

City	
State ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing.
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	
	12.b. Amount.
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.
Form LM-30 (2003)	Page 2 of 2